PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000



or <u>Fax</u>

. 25299 7	CE ADDRESS (Note: Use Block 1 for 04/08/2005	any change of address)	JC/3	papers. Each addition	of mailing can only be used I This certificate cannot be used mal paper, such as an assignm ate of mailing or transmission.	for any other accompany nent or formal drawing, m
IBM CORPORA PO BOX 12195 DEPT 9CCA, BLI	TION OG 002	2 1 JUN 2 1	5005 E) (Certificate of Mailing or Tran this Fec(s) Transmittal is beir e with sufficient postage for fi lail Stop ISSUE FEE addres; SPTO (703) 746-4000, on the	remission
	ANGLE PARK, NC 27	\2	JE /	transmitted to the US	SPTO (703) 746-4000, on the	date indicated below. (Depositor's nar
/2005 TBESHAH2 000000	013 091990 09384692	CAL S I	RADEN			(Signatu
:1501 1400.00 I	DA					(Da
APPLICATION NO.	FILING DATE	· F	IRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/384,692 08/27/1999		BRIAN MITCHELL BAS			RAL999-0080	8165
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0	\$1400	07/08/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
DINH, KHANH Q		2151		709-250000	_	
CFR 1.363).	ee address or indication of "F	· l	(1) the na	nting on the patent front page, times of up to 3 registered pat	ا مری کاری	yn G. Cockb
CFR 1.363). Change of correspond Address form PTO/SB/1	te address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	(1) the na or agents (2) the naregistered 2 registered		s a member a	yn G.Cockb
CFR 1.363). Change of correspond Address form PTO/SB/1 Tee Address" indicated PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Using DRESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON THE clow, no assignee da of this form is NOT (B)	(1) the na or agents (2) the naregistered 2 registered listed, no HE PATEN ata will app a substitute	omes of up to 3 registered pat OR, alternatively, me of a single firm (having an attorney or agent) and the navel patent attorneys or agents. name will be printed. T (print or type) Doear on the patent. If an assigned for filing an assignment. CE: (CITY and STATE OR CO	s a member a ames of up to If no name is 3gnee is identified below, the o	1
CFR 1.363). Change of correspond Address form PTO/SB/I Tee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN INTERNATION MACHINES Please check the appropriate	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Using the properties of the properties	Correspondence ation form e of a Customer E PRINTED ON THe clow, no assignee da of this form is NOT (B)	(1) the na or agents (2) the na registered 2 registered listed, no HE PATEN at a will app a substitute RESIDENC	ames of up to 3 registered pat OR, alternatively, me of a single firm (having an attorney or agent) and the navel patent attorneys or agents. name will be printed. T (print or type) poear on the patent. If an assignment. CE: (CITY and STATE OR COMMONK)	s a member a ames of up to If no name is 3	document has been filed
CFR 1.363). Change of correspond Address form PTO/SB/I Tee Address" indicat PTO/SB/IP (Provided PTO/SB/IP) ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN INTERNATION MACHINES Please check the appropriate Please check the appropriate The following fec(s) are	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Using the properties of the properties	Correspondence ation form e of a Customer E PRINTED ON THe clow, no assignee de of this form is NOT (B) Trics (will not be printed)	(1) the na or agents (2) the naregistered 2 registered listed, no HE PATEN at a will app a substitute RESIDENC atted on the p	ames of up to 3 registered pat OR, alternatively, me of a single firm (having at attorney or agent) and the na ed patent attorneys or agents. name will be printed. T (print or type) over on the patent. If an assigner on the patent. If an assigner of filing an assignment. CE: (CITY and STATE OR COMMONK, patent): Individual Common of the patent.	sent attorneys s a member a ames of up to If no name is 3 gnee is identified below, the country) NEW YORK Corporation or other private gr	document has been filed
CFR 1.363). Change of correspond Address form PTO/SB/I Tree Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in ANAME OF ASSIGN INTERNATION MACHINES Please check the appropriate 4a. The following fec(s) are lissue Fec	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Be an assignce is identified bein 37 CFR 3.11. Completion IEE CORPORATION e assignce category or catego enclosed:	Correspondence ation form e of a Customer E PRINTED ON THe clow, no assignee de of this form is NOT (B) Trics (will not be printed to the control of the	(1) the na or agents (2) the naregistered 2 registered isted, no HE PATEN at a will app a substitute RESIDENC at the don the payment of A check	ames of up to 3 registered pat OR, alternatively, me of a single firm (having at attorney or agent) and the na ed patent attorneys or agents. name will be printed. T (print or type) opear on the patent. If an assignor filing an assignment. CE: (CITY and STATE OR COMMONK, patent): Individual Fec(s): in the amount of the fec(s) is a single or the patent.	sent attorneys s a member a ames of up to If no name is 3 gnee is identified below, the country) NEW YORK Corporation or other private greenclosed.	document has been filed
CFR 1.363). Change of correspond Address form PTO/SB/I Tree Address" indicated PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in NAME OF ASSIGN INTERNATION OF ASSIGNMENT OF	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Be an assignce is identified bein 37 CFR 3.11. Completion EEE BUSINESS CORPORATION of assignce category or catego enclosed:	Correspondence ation form e of a Customer E PRINTED ON THe clow, no assignce de of this form is NOT (B) Tries (will not be print 4b. cd)	(1) the na or agents (2) the naregistered 2 registered listed, no HE PATEN at a will app a substitute RESIDENC at the don the payment of A check Payment The Director of the payment of of the pay	mes of up to 3 registered pat OR, alternatively, me of a single firm (having a attorney or agent) and the na ed patent attorneys or agents. name will be printed. T (print or type) over on the patent. If an assigner on the patent. If an assigner of filing an assignment. CE: (CITY and STATE OR COMMONK, patent): Individual Fec(s): in the amount of the fec(s) is by credit card. Form PTO-20 ector is hereby authorized by	generation or other private greenclosed. 3 I Scell 2	document has been filed
CFR 1.363). Change of correspond Address form PTO/SB/1 Tee Address" indicated PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in ADDITION OF ASSIGN INTERNATION OF ASSIGNMENT OF	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Be an assignce is identified bein 37 CFR 3.11. Completion IEE CORPORATION e assignce category or category categor	Correspondence ation form e of a Customer E PRINTED ON THe clow, no assignee do of this form is NOT (B) A rics (will not be printed)	(1) the na or agents (2) the naregistered 2 registered listed, no HE PATEN at a will app a substitute RESIDENC at the don the payment of A check Payment The Director of the payment of of the pay	mes of up to 3 registered pat OR, alternatively, me of a single firm (having at attorney or agent) and the na ed patent attorneys or agents. name will be printed. T (print or type) pear on the patent. If an assignment. CE: (CITY and STATE OR COMMONK, patent): Individual Fec(s): in the amount of the fec(s) is a by credit card. Form PTO-20	sent attorneys s a member a ames of up to If no name is 3 gnee is identified below, the country) NEW YORK Corporation or other private greenclosed.	document has been filed
CFR 1.363). Change of correspond Address form PTO/SB/I Tee Address" indicat PTO/SB/47; Rev 03-02 on Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in ANAME OF ASSIGN INTERNATION IN	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Be an assignce is identified bein 37 CFR 3.11. Completion EEE BUSINESS CORPORATION of assignce category or catego enclosed:	Correspondence ation form e of a Customer E PRINTED ON THe clow, no assignee do of this form is NOT (B) rics (will not be printed) and the clow of the control of the c	(1) the na or agents (2) the naregistered 2 registered isted, no here PATEN at a will app a substitute RESIDENC at the don the payment of A check Payment of Payment of Payment of Payment Acheck Payment Acceptage 1 The Direct Payment Acceptage 2 The Direct Payment	mes of up to 3 registered pat OR, alternatively, me of a single firm (having at attorney or agent) and the na ed patent attorneys or agents. name will be printed. T (print or type) over on the patent. If an assign for filing an assignment. CE: (CITY and STATE OR COMMONK, patent): Individual Fec(s): in the amount of the fec(s) is by credit card. Form PTO-20 ector is hereby authorized by count Number	generation or other private greenclosed. 3 I Scell 2	document has been filed roup entity Government Government Government copy of this form).
CFR 1.363). Change of correspond Address form PTO/SB/I Tree Address" indicated PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN INTERNATION INTERNAT	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use the properties of	Correspondence ation form e of a Customer SE PRINTED ON THe clow, no assignee de of this form is NOT (B) Series (will not be printed) (a) (b) (c) (c) (d) (d) (e) (d) (e) (e) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(1) the na or agents (2) the naregistered 2 registered 12 registered 13 registered 15	mes of up to 3 registered pat OR, alternatively, me of a single firm (having at attorney or agent) and the need patent attorneys or agents. name will be printed. T (print or type) Dear on the patent. If an assigner on the patent. If an assigner of filing an assignment. CE: (CITY and STATE OR COMMONK, patent): Individual Fec(s): in the amount of the fec(s) is a by credit card. Form PTO-20 ector is hereby authorized by count Number	gnee is identified below, the country) NEW YORK Corporation or other private greenclosed. 38 is attached. charge the required fec(s), or (enclose an extra country)	document has been filed roup entity Government Government Gopy of this form).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.